For the year James - Lives 1, 2010, or other tax year beginning 2004, ending 200 2008 to 1, 1545-10774	½ 1U4U	U.	6. Individual Income Tax Ret	urn 20 U4	(99)	IRS Use Only—Do r	not write or	staple in this space.	
See instructions on page 19, Use the IRS Important! Vice the IRS Important! Vice the IRS Important! Vice the IRS Important! Vice the IRS		$\overline{}$, ending	-			
Transport Tran	Label	Y	ur first name and initial	Last name			Your so	ocial security number	
If a joint return, spouse's first name and initial basts. Due to the IRS basts. Due to								;	
December 18 Common Comm	instructions	B If	a joint return, spouse's first name and initial	Last name			Spouse	's social security numl	ber
Otherwise, plainess print or types. City, town or post office, state, and ZIP code. If you have a toreign address, see riske 15. City, town or post office, state, and ZIP code. If you have a toreign address, see riske 15. Note. Checking "Yes" will not change your fist or reduce your refund. Do you, or your spouse if filing a joint require, want \$\$ sit go to this fund?	Use the IRS	Н	ome address (number and street). If you have a	P.O. box, see page 19.		Apt. no.	A .		_
Through the presidential Election Campsign Note. Checking "Yee" will not change yountake or reduce your refund. Note. Checking "Yee" will not change yountake or reduce your refund. Note. Checking "Yee" will not change yountake or reduce your refund. Do you or your spouse if filing a joint return, want \$3 is go to this fund? P Was a so in ward of lining a joint return, want \$3 is go to this fund? Warried filing separatory, Enter spouse's SSN above and full name lines.	Otherwise,	E						-	
Election Campaign See page 19 Do you or your sepulse if filing a joint return, want \$3 to go to this fund2 Married filing epigarathy, Enter spouse's SSN above and fund manne filed.	or type.		y, town or post office, state, and ZIP code. If yo						
Do you, or your spouse if filling a joint return, want \$3 te go to this fund? Policy Ves No Ves No		- I	Note Checking "Ves" will not change v	our tay or reduce vo	ur refund		Υοι	ı Spouse	
Filing Status Check only One box. Exemptions Say		911				2	Yes	□ No □ Yes □	No
Check only one box. 3	Filing Status								
and full name liefe. ▶ 5 Qualifying widow(er) with dependent child (see page 20) Fixemptions See a full name liefe. ▶ 6 Yourself, it someone can claim you as a dependent, do not check box 6a b Spouse. C Dependents: (1) First name Last name Last name (2) Dependents (3) Dependents (1) First name Last name (2) Dependents (1) First name Last name (3) Dependents (4) Dependents (5) Dependents (6) Dependents (1) First name Last name (2) Dependents (1) First name Last name (3) Dependents (2) Dependents (2) Dependents (3) Dependents (4) Dependents (5) Dependents (6) Dependents (6) Dependents (6) Dependents (1) Dependents (1) First name Last name (2) Dependents (1) First name Last name (3) Dependents (4) Dependents (5) Dependents (6) Dependents (6) Dependents (6) Dependents (6) Dependents (6) Dependents (6) Dependents (1) De	•	_				, , ,		not your dependent, er	nte
Exemptions 6a	•	3						lent child (see page 2	0)
Exemptions b		6a		as a dependent, do)	Boxes checked	-,
If more than four dependents, see page 21.	Exemptions					/:	: :}		
If more than four dependents, see page 21	-	С	Dependents:	(2) Dependent's					
If more than four dependents, see page 21. Total number of exemptions claimed Geophic Page 21.			(1) First name Last name	social security numbe	I I			-	
Immore than four dependents, see page 21.									
Income Attach Forms W-2 here. Also attach Form(s) W-2G and 1099-Ri tta. Was withheld. If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 23 If you did not get a W-2. see page 24 If you did not get a W-2. see page 25 If you did not get a W-2. see page 26 If you did not get a W-2. see page 27 If you did not get a W-2. see page 26 If you did not get a W-2. see page 27 If you did not get a W-2. see page 26 If you did not get a W-2. see page 27 If you did not get a W-2. see page 26 If you did not get a W-2. see page 27 If you did not get a W-2. see page 26 If you did not get a W-2. see page 27 If you did not get a W-2. see page 26 If you did not get a W-2. see page 27 If you did not get a W-2. see page 26 If you did not get a W-2. see page 27 If you did not get a W-2. see page 27 If you did not get a W-2. see page 28 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you did not get a W-2. see page 29 If you				i i				(see page 21)	
Income				1 1					
Income		d	Total number of exemptions claimed	<u> </u>					
Attach Forms		7	·	s) W-2			7		
We2-here. Also attach Form(s) We2-G and 1099-R if tax was withheld. If you did not get a W-2, see page 22. If you did not get a W-2, see page 22. If you did not get a W-2, see page 22. If you did not get a W-2, see page 22. If you did not get a W-2, see page 22. If you did not get a W-2, see page 22. If you did not get a W-2, see page 23. If you did not get a W-2, see page 24. If you did not get a W-2, see page 25. If a distributions 15a	Income	_		,			8a		
W-2 here. Also attach Form(s) 9a Ordinary dividends. Attach Schedule B if required 1098-R if tax was withheld. 10 11 12 12 13 14 15 15 16 16 16 16 17 18 18 19 19 19 19 19 19	Attach Forms	b		· 1	8b				
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1099-R if tax was withheld. 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ 14 Other gains or (losses). Attach Form 4797 15a IRA distributions .		b	Qualified dividends (see page 23) .		9b				
12 Business income or (loss). Attach Schedule C or C-EZ 12 13 13 14 15 14 15 15 15 16 16 15 16 17 18 18 19 19 19 19 19 19		10	Taxable refunds, credits, or offsets of st						
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get a W-2, see page 22. 15a IRA distributions 15a b Taxable amount (see page 25) 16b 16b 17c 16b 17c 18c 16a 17c 18c 1		13	,	•	equired, che	ck here ►	·		
see page 22. 16a Pensions and annuities 16a b Taxable amount (see page 25) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a Under income. List type and amount (see page 27) 21 Other income. List type and amount (see page 27) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 23 Deduction for clean-fuel vehicles (see page 29) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 IRA deduction (see page 29) 26 Student loan interest deduction (see page 31) 27 Tuition and fees deduction (see page 32) 28 Health savings account deduction. Attach Form 8889 29 Moving expenses. Attach Form 3903 29 Unomployment tax. Attach Schedule SE 31 Self-employed health insurance deduction (see page 33) 32 Self-employed SEP, SIMPLE, and qualified plans 33 Penalty on early withdrawal of savings 34 Allimony paid b Recipient's SSN 35 Add lines 23 through 34a 35 Add lines 23 through 34a	,		` a=	1 1					
Enclose, but do not attach, any payment. Also, please use Form 1040-V. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation 19 Unemployment compensation 19 Unemployment compensation 20 Social security benefits 20 Add the amounts in the far right column for lines 7 through 21. This is your total income 21 Other income. List type and amount (see page 27) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 Deduction for clean-fuel vehicles (see page 29) 23 Deduction for clean-fuel vehicles (see page 29) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 18 Jan 19 Ja	•		II IA distributions			,			
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Adjusted Gross Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25		23	Deduction for clean-fuel vehicles (see page 1	age 29)	23				
fee-basis government officials. Attach Form 2106 or 2106-EZ IRA deduction (see page 29) Student loan interest deduction (see page 31) Tuition and fees deduction (see page 32) Health savings account deduction. Attach Form 8889 Moving expenses. Attach Form 3903 One-half of self-employment tax. Attach Schedule SE Self-employed health insurance deduction (see page 33) Self-employed SEP, SIMPLE, and qualified plans Self-employed SEP, SIMPLE, and qualified plans Alimony paid b Recipient's SSN ▶ Add lines 23 through 34a		24	, ,	,					
26 Student loan interest deduction (see page 31)	Gross			·	24				
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29 Moving expenses. Attach Form 3903		27	Tuition and fees deduction (see page 32	2)			-/////		
30 One-half of self-employment tax. Attach Schedule SE 31 Self-employed health insurance deduction (see page 33) 32 Self-employed SEP, SIMPLE, and qualified plans		28	Health savings account deduction. Attac	ch Form 8889			-/////		
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32 Self-employed SEP, SIMPLE, and qualified plans									
33 Penalty on early withdrawal of savings									
34a Alimony paid b Recipient's SSN ►									
35 Add lines 23 through 34a									
							25		
36 Subtract line 35 from line 22. This is your adjusted gross income ▶ 36									

Form 1040 (2004)			Page 2
	37	Amount from line 36 (adjusted gross income)	37
Tax and	38a	Check ∫ ☐ You were born before January 2, 1940, ☐ Blind. ☐ Total boxes	
Credits	oou	if: ☐ Spouse was born before January 2, 1940, ☐ Blind. Checked ▶ 38a	
Standard	_		
Deduction for—	D	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ▶ 38b □	
			39
 People who checked any 	Г	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40
box on line	40	Subtract line 39 from line 37	
38a or 38b or who can be	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	
claimed as a		line 6d. If line 37 is over \$107,025, see the worksheet on page 35	41
dependent, see page 34.	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42
All others:	43	Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972	43
Single or	44	Alternative minimum tax (see page 38). Attach Form 6251	44
Married filing	45	Add lines 43 and 44	45
separately, \$4,850	46	Credit for child and dependent care expenses. Attach Form 2441	
	47	Credit for the elderly or the disabled. Attach Schedule R	
Married filing jointly or	48	Education credits. Attach Form 8863	
Qualifying	49	Credits from: a ☐ Form 8396 b ☐ Form 8859	
widow(er), \$9,700	50	Foreign tax credit, Attach Form 1116 if required 50	
	51	Child tax credit (see page 40)	
Head of household,	52	Retirement savings contributions credit. Attach Form 8880.	
\$7,150	53	Adoption credit. Attach Form 8839	
	54	Other credits. Check applicable box(es): a Form 3800	
	34		
	55	b ☐ Form 8801	55
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0	56
-			57
Other	57	Self-employment tax. Attach Schedule SE	
Taxes	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	59
	60	Advance earned income credit payments from Form(s) W-2	60
	61	Household employment taxes. Attach Schedule H	61
	62	Add lines 56 through 61. This is your total tax	62
Payments Payments	63	Federal income tax withheld from Forms W-2 and 1099 63	
	64	2004 estimated tax payments and amount applied from 2003 return 64	
If you have a	_65	Earned income credit (EIC)	
qualifying	66	Excess social security and tier 1 RRTA tax withheld (see page 56)	
child, attach Schedule EIC.	67	Additional child tax credit. Attach Form 8812 67	
	68	Amount paid with request for extension to file (see page 56) 68	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885	
	70	Add lines 63 through 69. These are your total payments	70
Defund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71
Refund	72a	Amount of line 71 you want refunded to you	72a
Direct deposit? See page 56	▶ b	Routing number Savings	
and fill in 72h			
72c, and 72d.		Account number	
Amarint	73	Amount of line 71 you want applied to your 2005 estimated tax 73	74
Amount You Owe	74 75	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 57 ► Estimated tax penalty (see page 58)	
			Complete the following N
Third Party	DC	you want to allow another person to discuss this return with the IRS (see page 56)? Test. C	Complete the following. N
Designee		signee's Phone Personal identification	ation
<u>C:</u>	naı	me ► no. ► () number (PIN) der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	I to the heet of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	
Here	Υo	ur signature Date Your occupation	Daytime phone number
Joint return?	\	an organization and a secondarian	Day in the priority manage.
See page 20. Keep a copy	_		
for your	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	
records.	•		
Paid		eparer's Date Check if	Preparer's SSN or PTIN
	sig	nature self-employed	
Preparer's	Fin	m's name (or EIN	
Use Only	yol adı	urs if self-employed), Phone no	()